Attachment 2
Northern Virginia Aging Network and Alexandria Commission on Aging
Legislative Priorities for 2017

Legislation

All medical students attending State Medical Universities with core clinical concentrations in Family or Internal Medicine should be required to take at least 60 hours of geriatric training.

Require Commonwealth workforce development programs in healthcare education, licensure and certification to mandate career paths to train workers for delivery of services to older Virginians.

Study the comprehensive needs of incarcerated older adults and those returning to the community, including but not limited to: housing, case management, health care, behavioral health and employment.

Budget

Appropriate $2,116,111 to meet the State standard of one full-time Ombudsman for every 2,000 nursing home and assisted living beds, as well as recipients of home and community based services.

Increase Medicaid reimbursement rates to provide a living wage, paid sick days, overtime pay, ongoing training, and career development for a quality, cost effective, long term care workforce.

Expand Medicaid to provide access to healthcare for hard-working Virginians, including older adults and their caregivers.

Continuing Concerns

Expand the Northern Virginia RAFT program (Regional Older Adult Facilities Mental Health Support Team) to enhance its provision of community-based care for adults (65+) with severe mental illness.

Expand voting access by enhancing accessibility for people who need assistance registering and/or casting a ballot, and by enacting no-excuse absentee voting.

Improve dental care for older Virginians through education, enhancing services in long-term care and through community clinics, and providing services for adult Medicaid beneficiaries.

Fund home and community-based services through Area Agencies on Aging and Centers for Independent Living.

Promote accessibility for all in residential and commercial buildings to enable those with mobility or other limitations to navigate the buildings and use the rooms and facilities comfortably.

Develop a plan to raise the monthly Auxiliary Grant to a realistic amount; eliminate the local 20% share; and make it usable in a licensed or certified setting of the person's choice.